| Major Donor and                                                                                |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE STATEMENT     |                                                           |          |  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|----------|--|
| Independent Expenditure Comm<br>Campaign Statement<br>(Government Code Sections 84200-84216.5) | or print in ink.                                                               | Date Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CALIFORNIA<br>FORM      | 461                                                       |          |  |
| T American                                                                                     | Statement covers period                                                        | Date of election if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | 1/2                                                       |          |  |
| Amendment                                                                                      | from07/01/2017                                                                 | (Month, Day,Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | For Official Use Only                                     |          |  |
| SEE INSTRUCTIONS ON REVERSE                                                                    | through12/31/2017                                                              | .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                           |          |  |
| 1. Name and Address Of Filer                                                                   |                                                                                | 3. Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         | •                                                         |          |  |
| NAME OF FILER (Include name(s) of all affiliated entities whose contr GRIFFITH COMPANY         | ,                                                                              | (Amounts may be rounded to when the continuous continuo | ributions<br>00 or more | •                                                         | 10000.00 |  |
| MAILING ADDRESS                                                                                | (NO. AND STREET)                                                               | made this period. (Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                       | \$ —                                                      | 10000.00 |  |
| CITY                                                                                           | STATE ZIP CODE                                                                 | Unitemized expenditure contributions (including \$100 made this period.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | g loans) under          | \$ —                                                      | 0.00     |  |
| BREA RESPONSIBLE OFFICER (If filer is other than an individual)                                | CA 92821  AREA CODE/DAYTIME PHONE                                              | 3. Total expenditures and made this period. (Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lines 1 + 2.)           | SUBTOTAL \$ —                                             | 10000.00 |  |
| STEVE RUELAS                                                                                   |                                                                                | 4. Total expenditures and made from prior staten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                                           |          |  |
| 2. Nature and Interests of Filer (Co                                                           |                                                                                | amount from Line 5 of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | `                       |                                                           |          |  |
| A FILER THAT IS AN INDIVIDUAL MUST LIST THE N. OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAMI      | AME, ADDRESS, AND BUSINESS INTERESTS<br>E, ADDRESS, AND NATURE OF THE BUSINESS | filed. If this is the first                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                           | 19650.00 |  |
| NAME OF EMPLOYER/BUSINESS                                                                      | BUSINESS INTERESTS                                                             | the calendar year, ente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | \$ —                                                      | 19050.00 |  |
|                                                                                                |                                                                                | 5. Total expenditures and (including loans) made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                                           |          |  |
| ADDRESS OF EMPLOYER/BUSINESS                                                                   |                                                                                | January 1 of the currer<br>(Add Lines 3 + 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt calendar year.       | TOTAL \$                                                  | 29650.00 |  |
| A FILER THAT IS A BUSINESS ENTITY MUST DESCRIENGAGED                                           | RIBE THE BUSINESS ACTIVITY IN WHICH IT IS                                      | 4. Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                           |          |  |
| HEAVY/HIGHWAY ENGINEERING CONT                                                                 | RACTOR                                                                         | I have used all reasonable reviewed the statement ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nd to the best of my kr | nowledge the inform                                       | nation   |  |
| ☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE                                                  | A SPECIFIC DESCRIPTION OF ITS INTERESTS                                        | contained herein is true ar<br>the laws of the State of Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                           |          |  |
| A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS E COMMON ECONOMIC INTEREST OF THE GROUP C          |                                                                                | Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SI                      | UELAS  GNATURE OF INDIVIDUAL DO BLE OFFICER IF OTHER THAI |          |  |

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

| INDEPENDENT EXPENDITURE COMMITTEE AND |
|---------------------------------------|
| MAJOR DONOR COMMITTEE STATEMENT       |

| Statement covers period |            | CALIFORNIA | 161 |
|-------------------------|------------|------------|-----|
| from                    | 07/01/2017 | FORM       | 461 |
| through                 | 12/31/2017 | 2/2        |     |
| 5 4 9                   |            |            |     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GRIFFITH COMPANY

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE       | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | TYPE OF PAYMENT                                                        | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE,<br>MEASURE AND JURISDICTION,<br>OR COMMITTEE      | AMOUNT THIS<br>PERIOD | CUMULATIVE AMOUNT<br>RELATIVE TO THIS<br>CANDIDATE, MEASURE,<br>OR COMMITTEE |
|------------|--------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------|
| 07/07/2017 | FRIENDS OF JOSH NEWMAN OPPOSED TO  SACRAMENTO CA 95814 ID: Reference No: | Contribution  Loan  Non-Monetary Contribution  Independent Expenditure | FUNDRAISING EVEN<br>T                                                | -NEWMAN JOSH State Senator Senate District  NO: 29   X Support ☐ Oppose | 10000.00              | \$ 10000.00 Other \$ 0.00                                                    |

SUBTOTAL \$

10000.00